	in this information of											
	otor 2 ouse, if filing)	Amy M Acqu				_						
Uni	ted States Bankrup	otcy Court for the	EASTERN DISTRICT	OF PENNSYLVANIA		_						
Cas	se number 22	-12593-ELF				Ch	neck if this is					
(If known)							An amende	An amended filing				
									g postpetition ollowing date:			
	fficial Form						MM / DD/ Y	YYYY				
S	chedule I:	Your Inco	ome							12/15		
spo atta	use. If you are sep ch a separate she	parated and you	are married and not filir r spouse is not filing wi On the top of any addition	th you, do not include	e inform	ation abo	out your sp	ouse. If mo	ore space is	needed,		
1.	Fill in your emplinformation.	loyment		Debtor 1			Debtor :	2 or non-fi	iling spouse			
		ore than one job,	F	■ Employed	☐ Employed							
	attach a separat	1 0	Employment status	☐ Not employed			☐ Not employed					
	employers.		Occupation	Speech Therapis								
	Include part-time self-employed wo		Employer's name	SHG Therapy External								
	Occupation may or homemaker, if		Employer's address	23700 Commerce Beachwood, OH								
			How long employed the	here? Since 20	13							
Par	t 2: Give De	etails About Mon	thly Income									
	mate monthly incuse unless you are		ate you file this form. If y	you have nothing to rep	oort for a	ny line, w	rite \$0 in the	space. Inc	clude your no	n-filing		
•	u or your non-filing e space, attach a s		ore than one employer, co	ombine the information	for all er	mployers t	for that perso	on on the li	nes below. If	you need		
						For I	Debtor 1		btor 2 or ing spouse			
2.			ry, and commissions (becalculate what the month)		2.	\$	7,056.03	\$	N/A	_		
3.	Estimate and lis	st monthly overti	ime pay.		3.	+\$	0.00	+\$	N/A	-		
4	Calculate gross	Income Add lin	ne 2 + line 3		4	\$ 7	056 03	\$	N/A			

Deb	tor 1	Amy M Acquaviva	_	(Case r	number (<i>if ki</i>	nown)	22-12	2593-E	LF	
						Debtor 1		non	Debtor -filing s	pouse	
	Cop	by line 4 here	4.		\$	7,050	5.03	\$		N/A	_
5.	List	all payroll deductions:									
	5a.	Tax, Medicare, and Social Security deductions	5a	a.	\$	1,108	3.19	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b	٥.	\$		0.00	\$		N/A	-
	5c.	Voluntary contributions for retirement plans	50		\$		0.00	\$		N/A	_
	5d.	Required repayments of retirement fund loans	50		\$		1.38	\$		N/A	_
	5e.	Insurance	56		\$		9.93	\$_		N/A	_
	5f. 5g.	Domestic support obligations Union dues	5f 5g		\$		0.00	\$		N/A N/A	_
	5y. 5h.	Other deductions. Specify: 40 K C0mbined	-	y. า.+	\$ _			+ \$		N/A	_
6.		I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	— 6.		* — \$	2,529		\$		N/A	-
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.		\$ \$	-		\$			-
			7.		Φ	4,520	0.53	Φ		N/A	-
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross									
		receipts, ordinary and necessary business expenses, and the total	0-	_	œ.			Φ.			
	8b.	monthly net income. Interest and dividends	8a 8b		\$		0.00	\$ \$		N/A N/A	_
	8c.	Family support payments that you, a non-filing spouse, or a dependent		J.	Ψ	•	J.UU	Ψ		IN/A	-
		regularly receive Include alimony, spousal support, child support, maintenance, divorce									
	0.1	settlement, and property settlement.	80		\$		0.00	\$		N/A	_
	8d. 8e.	Unemployment compensation Social Security	8c 8e		\$ \$		0.00	\$_ \$		N/A N/A	_
	8f.	Other government assistance that you regularly receive		٠.	Ψ	<u> </u>	.00	Ψ		11//	-
		Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.						•			
	0	Specify:	_ 8f		\$		0.00	\$_		N/A	_
	8g. 8h.	Pension or retirement income Other monthly income. Specify: Proportionate 2021 Tax Refund	80 48	ე. 1.+	\$_		0.00 3.00	*—		N/A N/A	_
	OII.	Proportionate 2021 Tax Returns	_ "	···	Ψ	32.	5.00	'Ψ_		IN/A	-
9. Add		l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.			\$1,173.00		3.00	\$		N/A	A
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	į	5,699.53	+ \$		N/A	= \$	5,699.53
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.		· –		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	* -			-	0,000.00
11.	State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00										
12.		If the amount in the last column of line 10 to the amount in line 11. The rest te that amount on the Summary of Schedules and Statistical Summary of Certailies							12.	\$	5,699.53
13.	Do :	you expect an increase or decrease within the year after you file this form No.	1?						·	Combine month!	ned y income
		Yes. Explain: Debtor is anticipating picking up additional hour	's at	an	othe	r facliitv	in th	e nex	t three	to four	months.